DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445270	A. BUILDING _____ B. WING _____	07/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENNESSEE VETERANS HOME	PO BOX 10289 MURFREESBORO, TN 37129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 SS=F	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations, review of the 2013 Food Code, review of facility policy, observation and interview, the facility failed to follow appropriate glove use, handwashing, and personal hygiene including proper nail care to prepare and serve food in accordance with professional standards for food service in 1 of 1 main kitchen and 1 of 3 dining rooms. This had the potential to affect 124 residents. The findings include:	F 371	Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This Plan of correction is the Facilitie's credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 7-26-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

4CWP11 TN7508

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F 371	Continued From page 1 Review of the "2013 Food Code" from the U.S Department of Health and Human Services, pages 46, 50 and 74, "Food employees shall use the following cleaning procedure in order stated to clean their hands and exposed portions of their arms ...1. Rinse under clean, running warm water, 2. Apply an amount of cleaning compound; 3. Rub vigorously for at least 10 to 15 seconds ...Food employees shall keep their fingernails trimmed, filed ...Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food ...Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry ...If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled." Review of facility policy "Dietary Policies: Personal Hygiene" dated 8/24/16, revealed "Nails- keep nails short and clean without chipped or colored nail polish ...Follow hand washing procedures: vigorously rub together all surfaces of hands, fingertips and lower arms for 20 seconds ...Gloves should not be worn when performing the following tasks: Holding scoops, tongs or other food service equipment utensils used to plate food." Observation of the main dining room tray line service on 7/12/17 at 7:04 AM revealed Baker #1 serving meals. She had a pair of gloves on. She proceeded to touch tray tickets and serving utensils. She grabbed the pancakes, bacon, toast and fried eggs with her gloved hands. No glove change or hand washing was observed. She	F 371		

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F 371	Continued From page 2 repeated this behavior for several resident's meals over 5 minutes. Observation of the main kitchen on 7/12/17 beginning at 9:09 AM revealed Cook #1 preparing food. Continued observation revealed Cook #1 with long nails, polished with white tips. She had rings on her right hand 3rd finger and her left hand 2nd finger. She took the temperature of the meatloaf with a thermometer. She proceeded to puree the meatloaf. No gloves were used. At 9:25 AM, she was observed to wash her hands approximately 2 seconds. She proceeded to prepare food. At 9:31 AM, she was observed to wash her hands approximately 1 second. She tasted the meatloaf and dated the plastic wrap. No hand washing was observed after the taste test. At 9:35 AM, she added pepper and salt to the peas. She then proceeded to wash her hands approximately 1-2 seconds. At 9:41 AM, Cook #1 pureed ½ the peas and poured the mixture into a pan. She placed the blade back into the Robot Coupe (food processor) with her bare hands touching the top portion of the blade. She poured the remainder of the peas into the Robot Coupe with several peas falling onto the top portion of the blade. At this time, Baker #1 was observed prepping breakfast food items. She had chipped red nail polish on her nails. At 9:52 AM, Cook #1 refilled the sanitizer bucket. She proceeded to wash her hands approximately 5 seconds. Observation of the main kitchen at 10:25 AM, revealed Cook #1 going into the locker toilet room. She came out of the room and put on an apron. She proceeded to help Cook #2 with the cooking process. No hand washing was observed.	F 371	F371 There was no residents affected by the findings, however all residents have the potential to be affected. The dietary staff has been inserviced by the registered dietician regarding: serving food using utensils and appropriate usage, proper hand hygiene, appropriate glove usage, personal nail care including no nail polish, and appropriate jewelry. The CDM or designee will perform weekly observation audits of the staff to ensure compliance and report findings to QA&A monthly x1.	8/18/17

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F 371	Continued From page 3 Interview with the Registered Dietitian (RD), Certified Dietary Manager (CDM) #1 and CDM #2 on 7/12/17 at 12:13 PM, in the RD's office confirmed staff should have been using utensils for the food on the steam table.	F 371		
F 431 SS=E	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the	F 431		

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F 431	Continued From page 4 appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation and interview, the facility failed to ensure all medications available were in date for 2 of 3 medication rooms. The findings revealed: Review of the facility policy, LTC Facility's Pharmacy Services and Procedures Manual, revised 10/31/16 revealed"...4...Facility should ensure that medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the pharmacy or supplier..."	F 431		

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F 431	Continued From page 5 Observation with Licensed Practical Nurse (LPN) #2 on 07/12/17, at 11:50 AM in the North Medication Room, observing refrigerated medications, revealed 1 bottle of Prilosec with approximately 1/3 of liquid medication remaining in the bottle, with an expiration date of 7/10/17. Continued review revealed 1 unopened bottle of Milk of Magnesia 473 milliliters (ml) with an expiration date of 06/17. Observation with Registerd Nurse #1 on 7/12/17, at 12:00 PM, in the West Medication Room of refrigerated medications revealed 6 bags of Intravenous (IV) Clindamycin (antibiotic) 300 milligram (mg)/50 ml with expiration date 6/13/17 and 3 bags of IV Ceftriaxone (antibiotic) 1 gram (gm)/50 ml with an expiration date 7/4/17. Interview with the Director of Clinical Services on 7/12/17, at 12:42 PM, in the conference room confirmed the facility had failed to dispose of all outdated medications.	F 431	F431 There were no residents affected by these findings, however all residents have the potential to be affected. The expired medications were immediately removed. The nurses on the units will check medication expiration dates daily and store those that are contaminated or deteriorated separate from other medications until destroyed or returned to the pharmacy. All licensed nurses will be inserviced by staff development and/or designee by 8/18/17. The pharmacy nurse and/or designee will check medications for expiration dates weekly and all findings will be reported to QA&A monthly x1.	8/18/17
F 441 SS=D	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 441		

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F 441	Continued From page 6 conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 441		

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F 441	Continued From page 7 (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to ensure staff disinfected their hands between glove change during wound care for 1 of 2 staff observed. The findings included: Review of the facility policy, Gloves, revised 5/5/06 revealed "...8. Handwashing is necessary when gloves are removed..." Observation of Licensed Practical Nurse (LPN) #1 on 7/12/17 at 11:00 AM, during a wound dressing change in a Resident #86's room revealed LPN #1 removed the old dressing with gloved hands; donned new gloves; cleaned the wound: removed the gloves: donned new gloves; measured and staged the wound; removed the gloves and donned new gloves. Interview with the Director of Clinical Services on 7/12/17 at 12:45 AM in the conference room confirmed the staff failed to follow facility policy and failed to ensure staff disinfected their hands between glove changes.	F 441	F441 There was 1 resident affected by the findings, however all residents have the potential to be affected. The wound nurse was immediately inserviced after the findings. All facility staff who is required to wear gloves will be inserviced regarding hand hygiene between glove changes by staff development and/or designee by 8/18/17. Staff development and/or designee will perform weekly random observation audits of the staff to ensure compliance and report findings to QA&A monthly x1.	8/18/17

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